FAMILY COURT

CONSENT BY CHILD

CASE NUMBER

FIRST CIRCU STATE OF HAW		(AGE 10 OR OVER) TO ADOPTION			FC-A NO.	
Child's Legal Name	nild's Legal Name		Child's Birthdate			Child's Birth Place
Name of Proposed Adoptive Parent(s)				Relationship to Child		
I, the above-named child, being years old, do consent to my adoption by the above-named person(s) who I believe will be a good parent(s) and able and willing to give me a proper home and education. I understand that once I am adopted I shall no longer be the legal child of my present legal []mother []father []parents, but will become the child of the above-named person(s) as if I had been born to him, her or them. Understand that even after the adoption is granted, I shall still be the child of my []father []mother, who is now married to the person wanting to adopt me. Because I believe the proposed adoption is in my best interest, I request that the Court grant this adoption and change my name to						
DATE	SIGNAT	URE OF CHILD		SOCIAL	SEC	JRITY NUMBER
DATE	SIGNATURE OF WITNESS			PRINT NAME OF WITNESS		